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CENTRAL FAX CENTER

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/711,278
Applicants: Honeyman et al.
Confirmation No.: 5277
Filed: September 7, 2004
Group Art Unit: 1773
Examiner: Choi, William C.

Attorney Docket No.: H-307DIV
Customer No.: 26245

Cambridge, Massachusetts
January 4, 2005

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria VA 22313-1450

Via facsimile to 703-872-9306

Sir:

In response to the Office Action issued December 23 in connection with the above application, the applicants hereby elect Group I, claims 1-27. This election is made without traverse. No change in inventorship is required as a result of this election.

Respectfully submitted



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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/711,278 | RECEIVED CENTRAL FAX CENTER JAN 03 2005 |
| | Filing Date | September 7, 2004 | |
| | First Named Inventor | Honeyman | |
| | Art Unit | 1773 | |
| | Examiner Name | Choi, William C. | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | H-307DIV |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks <input style="width: 100px;" type="text"/> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|----------------------|----------|-------|
| Firm Name | | | |
| Signature | <i>David J. Cole</i> | | |
| Printed name | David J. Cole | | |
| Date | January 3, 2005 | Reg. No. | 29629 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Signature | <i>David J. Cole</i> | | |
| Typed or printed name | David J. Cole | Date | January 3, 2005 |

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